

1006 Rec'd PCT/PTO 29 AUG 2005

PTO/SB/21 (09-04)

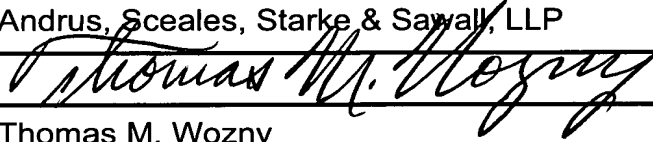
Approved for use through 07/31/2006. OMB 0651-0031

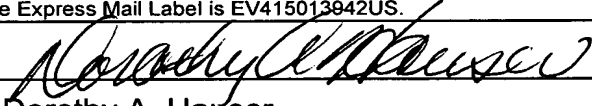
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/523,164
	Filing Date	January 27, 2005
	First Named Inventor	Graeme Alexander
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	322-00088

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> Return Receipt Postcard </div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Andrus, Scealess, Starke & Sawall, LLP		
Signature			
Printed name	Thomas M. Wozny		
Date	August 29, 2005	Reg. No.	28,922

CERTIFICATE OF EXPRESS MAIL		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: The Express Mail Label is EV415013942US.		
Signature		
Typed or printed name	Dorothy A. Hauser	Date August 29, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/523,164	
		Filing Date January 27, 2005	
		First Named Inventor Graeme Alexander	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$ \$130.00)	
		Attorney Docket No. 322-00088	

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: **01.2000**
 Deposit Account Name: **Andrus, Scales, Starke & Sawall, LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ - 20 = _____ x \$0.00 = \$0.00 HP = highest number of total claims paid for, if greater than 20	Multiple Dependent Claims Fee (\$): \$0.00 Fee Paid (\$): \$0.00
Indep. Claims _____ - 3 = _____ x \$0.00 = \$0.00 HP = highest number of independent claims paid for, if greater than 3	09/02/2005 ATRAN1 00000099 10523164 01 FC:1617 130.00 0P


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	\$0.00

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)	
Other: Transmission of Executed Declaration	\$130.00

SUBMITTED BY	
Signature:  Name (Print/Type): Thomas M. Wozny	Registration No. (Attorney/Agent) 28,922 Telephone 414-271-7590 Date August 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	: 10/523,164	)	CERTIFICATE OF EXPRESS MAILING
Applicant	: Graeme Alexander et al	)	I hereby certify that this correspondence
		)	is being deposited with the United
Filed	: January 27, 2005	)	States Postal Service with sufficient
Title	: Fire-Resistant Silicone	)	postage as Express Mail in an envelope
	Polymer	)	addressed to: Commissioner of Patents,
		)	P.O. Box 1450, Alexandria, VA 22313-
Intl. App. No.	: PCT/AU03/00968	)	1450, on this 29th day of August, 2005.
I.A. Filing Date	: August 1, 2003	)	The Express Mail Label is
Priority Date	: August 1, 2002	)	EV415013942US.
)	
TC/A.U.	:)	
Examiner	:)	
		)	August 29, 2005
Docket No.	: 322-00088	)	Dorothy A. Hauser Date

TRANSMISSION OF EXECUTED DECLARATION

Mail Stop: PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

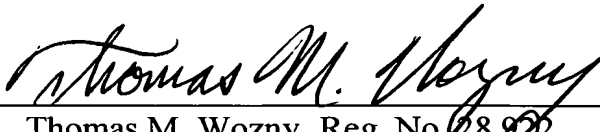
Responsive to the "Notification of Missing Requirements Under 35 USC 371", mailed August 3, 2005, copy attached, enclosed for filing in the above application is the executed Declaration.

A check in the amount of \$130.00 is attached for the surcharge.

The Commissioner is hereby authorized to charge any additional fees in accordance with 37 C.F.R. 1.16(e) to Deposit Account No. 01.2000. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By 
Thomas M. Wozny, Reg. No. 28,922

Andrus, Scales, Starke & Sawall, LLP
100 East Wisconsin Avenue, Suite 1100
Milwaukee, WI 53202
Telephone: (414) 271-7590
Facsimile: (414) 271-5770